

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FILED

MAR 09 2012

Received
Official Use Only

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

ALISSIA D. NORTHRUP, CLERK-RECORDER
COUNTY OF DEL NORTE

Please type or print in ink.

NAME OF FILER (LAST) FINIGAN (FIRST) DAVID (MIDDLE) _____
12 MAR 23 PM 12:50

1. Office, Agency, or Court

Agency Name

DEL NORTE COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

DISTRICT 5

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ Multi-County SEE ATTACHED LIST

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate: Election Year 2012

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 16

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-8-2012
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>FINIGAN, DAVID</u>

► 1. BUSINESS ENTITY OR TRUST

MITCHELL & FINIGAN Inc
Name
1000 Northcrest, Crescent City CA
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Investment/development

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 / / 11 / / 11
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ CORPORATION
Other

YOUR BUSINESS POSITION DIRECTOR - SECRETARY

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☒ INVESTMENT ☐ REAL PROPERTY

MITCHELL & FINIGAN Inc
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Real Estate Investment/development
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☒ \$2,000 - \$10,000 / / 11 / / 11
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☒ Stock ☐ Partnership
☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

► 1. BUSINESS ENTITY OR TRUST

Del Norte Harborview LLC
Name
1000 Northcrest, Crescent City CA
Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Investment/development

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 / / 11 / / 11
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ LLC
Other

YOUR BUSINESS POSITION members

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

DAVID FINIGAN

LYNN M MITCHELL

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

HARBORVIEW SUBDIVISION Phase II & III
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Crescent City, CA
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 / / 11 / / 11
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

NATURE OF INTEREST
☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ ☒ Other LLC
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>FINIGAN, DAVID</u>

1. BUSINESS ENTITY OR TRUST

Name DAL BUILDERS INC
Address (Business Address Acceptable) 1000 Northcross, Crescent City
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Real Estate Development/Construction

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☒ \$0 - \$1,999 / / 11 / / 11
☐ \$2,000 - \$10,000 / / 11 / / 11
☐ \$10,001 - \$100,000 / / 11 / / 11
☐ \$100,001 - \$1,000,000 / / 11 / / 11
☐ Over \$1,000,000 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ Corporation
Other

YOUR BUSINESS POSITION member

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☒ INVESTMENT ☐ REAL PROPERTY

DAL BUILDERS INC
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Real Estate Development/Construction
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☒ \$2,000 - \$10,000 / / 11 / / 11
☐ \$10,001 - \$100,000 / / 11 / / 11
☐ \$100,001 - \$1,000,000 / / 11 / / 11
☐ Over \$1,000,000 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☒ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name Del Norte Harbor View LLC
Address (Business Address Acceptable) 1000 Northcross, Crescent City
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Real Estate Development/Investment

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 / / 11 / / 11
☐ \$2,000 - \$10,000 / / 11 / / 11
☐ \$10,001 - \$100,000 / / 11 / / 11
☒ \$100,001 - \$1,000,000 / / 11 / / 11
☐ Over \$1,000,000 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ LLC
Other

YOUR BUSINESS POSITION member

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Monica Hiner, Marco Salas, David
Finigan, Lynndol Mitchell

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

105 Seashore, Crescent City, CA.
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 / / 11 1 / 24 / 11
☐ \$10,001 - \$100,000 / / 11 / / 11
☒ \$100,001 - \$1,000,000 / / 11 / / 11
☐ Over \$1,000,000 / / 11 / / 11
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other LLC

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>FINIGAN, DAVID</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>Del Norte Harbor View LLC</u>	
Address (Business Address Acceptable) <u>1000 Northcrest Crescent City CA</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Real Estate Dvlpmnt / Investment</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC Other _____	
YOUR BUSINESS POSITION <u>member</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
<u>Lot # 18 Harbor View Subdivn</u>	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property <u>Crescent City CA</u>	
Description of Business Activity or City or Other Precise Location of Real Property 	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 <u>9/15/11</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining _____ <input checked="" type="checkbox"/> Other <u>LLC</u>	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

1. BUSINESS ENTITY OR TRUST	
Name <u>Del Norte Harbor View LLC</u>	
Address (Business Address Acceptable) <u>1000 Northcrest Crescent City CA</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Real Estate Investment/Development</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____ Other _____	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input checked="" type="checkbox"/> REAL PROPERTY	
<u>Lot # 16 Harbor View Subdivision</u>	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property <u>Crescent City, CA</u>	
Description of Business Activity or City or Other Precise Location of Real Property 	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11 <u>10/28/11</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining _____ <input checked="" type="checkbox"/> Other <u>LLC</u>	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
FINIGAN, DAVID

1. BUSINESS ENTITY OR TRUST

DAVID FINIGAN, MING TREE REAL ESTATE
Name
1000 Northcrest Dr. Crescent City CA
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

MING TREE REAL ESTATE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 11 DISPOSED 11
NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☒ Realtor
Other
YOUR BUSINESS POSITION Broker Associate

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

MILLER Enterprises a Calif General Partnership
Michael + Connie Kelly, MING TREE REAL ESTATE

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☒ INVESTMENT ☐ REAL PROPERTY

DAVID FINIGAN
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

MING TREE REAL ESTATE
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 11 DISPOSED 11

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☒ Other Realtor

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 11 DISPOSED 11

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 11 DISPOSED 11

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Name

FINIGAN, DAVID

SCHEDULE B **Interests in Real Property** (Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

HARBORVIEW SUBDIVISION
 CITY LOTS 25, 26, 29 + 30
Crescent City CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☒ LLC

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

HARBORVIEW SUBDIVISION Lot #16
 CITY Crescent City CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 10/28/11
 ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☒ LLC

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
TERM (Months/Years)

 _____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
TERM (Months/Years)

 _____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

FINIGAN, DAVID

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

HARBORVIEW SUBDIVISION Lot #18

CITY

Crescent City CA 95531

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 9/15/11
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ ☒ LLC
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

HARBORVIEW SUBDIVISION Phase III

CITY

Lots # 36, 37, 38, 39, 40, 43, 44, 45, 46, 49
Crescent City CA 95531

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ ☒ LLC
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

RICHARD LOUGHEAD
260 MONTIE SUITE RD A-3 PISMO BEACH, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER

Developer - Seller

INTEREST RATE

TERM (Months/Years)

9 1/2 % ☐ None

3 YEARS

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

FINIGAN, DAVID

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1573 El Monte

CITY

Crescent City CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>FINIGAN, DAVID</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>MING TREE REAL ESTATE - DAVID FINIGAN</u>	NAME OF SOURCE OF INCOME <u>BRIGETTE NORRIS</u>
ADDRESS (Business Address Acceptable) <u>1080 Northcrest Dr Crescent City CA</u>	ADDRESS (Business Address Acceptable) <u>1573 El Monte Crescent City</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Sales</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Renter of Real Estate</u>
YOUR BUSINESS POSITION <u>Broker Associate</u>	YOUR BUSINESS POSITION <u>OWNER</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input checked="" type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* <u>RICHARD LOUGHEAD</u>	INTEREST RATE <u>9 1/2 %</u> <input type="checkbox"/> None	TERM (Months/Years) <u>3 YEARS</u>
ADDRESS (Business Address Acceptable) <u>760 MATTHEW SUTER RD. A-3, PISMO BEACH CA</u>	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input checked="" type="checkbox"/> Real Property <u>HARBOR VIEW SUBDIVISION PHASE III</u> <u>LOTS 36 TO 40, 43 TO 46 + 49</u> <u>CRESCENT CITY CA</u>	
BUSINESS ACTIVITY, IF ANY, OF LENDER <u>Developer - Seller</u>	<input type="checkbox"/> Guarantor _____	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____ (Describe)	

Comments: _____

CALIFORNIA FORM 700

ATTACHMENT TO SCHEDULE C:

INCOME OF \$10,000 OR MORE FROM A SINGLE SOURCE AS A RESULT OF
COMMISSIONS:

MICHAEL KELLY AND CONNIE KELLEY

MONICA HINER

MARCO SALAS

MILLER ENTERPRISES, A CALIFORNIA GENERAL PARTNERSHIP

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name FINIGAN, DAVID

▶ NAME OF SOURCE
CSAC FINANCE CORPORATION
 ADDRESS (Business Address Acceptable)
1100 K Street Sacramento CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
FINANCIAL ASSISTANCE CORP.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/14/11</u>	<u>\$ 122</u>	<u>Golf fees</u>
<u>10/06/11</u>	<u>\$ 160</u>	<u>Golf fees</u>
<u>10/07/11</u>	<u>\$ 79.95</u>	<u>Weather station</u>

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>FINIGAN, DAVID</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>Regional Council of Rural Counties</u>	
ADDRESS (Business Address Acceptable) <u>1215 K St. Suite 1650</u>	
CITY AND STATE <u>Sacramento, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Advocacy for Rural Counties</u>	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>6,552.39</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Travel, lodging & meals expenses related to</u> <u>volunteer services on</u> <u>RCRC Board of Directors</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE <u>California Association of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street Suite 101</u>	
CITY AND STATE <u>Sacramento CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>Advocacy for California Counties</u>	
DATE(S): <u>1/1/11 - 12/31/11</u> AMT: \$ <u>7,467.11</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>TRAVEL, LODGING & meal expenses related to volunteer</u> <u>SERVICES on CSAC Board of Directors</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)	
DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____

February 9, 2012



David Finigan
District 5 Supervisor
Del Norte County
981 H Street, Suite 200
Crescent City, CA 95531

1100 K Street
Suite 101
Sacramento
California
95814

Dear David,

Telephone
916.327.7500
Facsimile
916.441.5507

As discussed in previous years, a copy of an opinion given to the League of California Cities (League) by the Fair Political Practices Commission (FPPC) was forwarded to CSAC. The opinion concluded some reimbursements provided to city officials in connection with their service on the League's board and committees were reportable as income on statements of economic interests.

CSAC staff consulted with its legal counsel on this matter who advised us that transportation and lodging, provided directly or reimbursed, and meals provided outside of our meetings were reportable and should be reported as income on statements of economic interests. They would not, however, be reportable for tax purposes.

With regard to gifts, CSAC has received an opinion letter from its counsel, which, in part, states "CSAC has on occasion paid for other costs for a board member's spouse who accompanies the official to a meeting. It is our opinion that all of those additional costs should be reported as gifts, because the spouse is not attending the CSAC meeting in an official way". This most commonly comes in the form of meals for spouses.

We have searched back through our Year 2011 records and have found the following business-related reimbursed expenditures, payments or/and gifts that were made by CSAC or the CSAC Finance Corporation in conjunction with your service at a CSAC business related meeting or function:

CSAC Income	\$7,417.11
CSAC Gift	\$361.95

I urge you to consult your county counsel if you have questions regarding the applicability of this opinion to your reporting situation. You may also go to the FPPC website at <http://www.fppc.ca.gov/>. Please feel free to contact Kelli Oropeza, CSAC Director of Finance at 916-327-7500 ext.544, if you have any questions about the dollar amounts provided or this letter.

It continues to be our hope that FPPC will modify this particular section of its regulations, but so far that has not happened.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kelli Oropeza'.

Kelli Oropeza
Director of Finance

2011 DELEGATE EXPENSE

County: **Del Norte**
 Delegate: **D. Finigan**

<u>Meals provided at meetings:</u>	<u>Amount</u>	
Prior year expenses pd in 2011	none	
Officer Lunch: 1/18/11	13.87	
RCRC Board Meeting: 1/19/11	24.64	24.64
RCRC Board Officer Meeting: 1/21/11	8.49	
RCRC Board Officer Meeting: 1/26/11	19.61	
Executive Committee Meeting: 2/16/11	19.00	19.00
RCRC Board Meeting: 3/23/11	21.39	21.39
ESJPA Board Meeting: 3/24/11	14.83	
Executive Committee Meeting: 4/27/11	20.69	20.69
RCRC Board Meeting: 5/25/11	19.82	19.82
ESJPA Board Meeting: 5/26/11	13.41	
RCRC Board Meeting Meals (Napa): 6/16/11	154.03	154.03
USFS Roundtable: 6/22/11	4.96	4.96
Executive Committee Meeting: 8/3/11	27.17	27.17
RCRC Board Meeting: 8/24/11	18.67	18.67
ESJPA Board Meeting: 8/25/11	12.09	
RCRC Board Meeting (Annual Conference): 9/23/11	27.10	27.10
ESJPA Board Meeting: 10/20/11	17.45	
RCRC Board Meeting: 12/7/11	30.62	30.62
ESJPA Board Meeting: 12/8/11	21.29	

<u>Expense Reimbursements:</u>	To Delegate:	
	To County for Delegate:	5,754.09

Expenses paid by RCRC on behalf of Supervisor:

Meetings with Staff:	38.50
Officer Installation: 1/19/11	88.65
Meeting Washington DC: 4/00/11	
CSAC Registration:	
RCRC Board Meeting (Napa) Lodging: 6/14-15/11	226.86
Napa Tour: 6/15/11	26.88
Napa Dinner: 6/15/11	37.02
NACO WIR Registration: 7/00/11	
NACO Meals with Staff: 7/00/11	12.30
Executive Committee Offsite Meeting: 11/16/11	
Executive Committee Dinner: 11/16/11	
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
Total Expenses:	6,552.39

**Please record on your
 SCHEDULE - E**

FORM 700 Statement of Economic Interests for Calendar Year 2011

List of Agencies and Member Counties

DEL NORTE COUNTY

DAVID FINIGAN

Agency

Position

CRHMFA Homebuyers Fund

Delegate

Environmental Services Joint Powers Authority

Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County*
Calaveras County	Nevada County
Colusa County	Placer County*
Del Norte County	Plumas County
El Dorado County	San Benito County*
Glenn County	Shasta County*
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County*	Sutter County*
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County*	Yolo County*
	Yuba County*

*CRHMFA Homebuyers Fund Member Only

ATTACHMENTS FOR ITEM 1.

Del Norte Local Transportation Commission

Regional Council of Rural Counties

California Rural Home Mortgage Finance Corp

CRHMFA Homebuyers Fund

Environmental Service Joint Powers Authority

First 5 Del Norte (Children and Families Commission)

California State Association of Counties

Del Norte Tri-Agency Economic Development Authority

Border Coast Airport Joint Powers Authority